



*J. Hoxie*

PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/509,292
Filing Date	September 23, 2004
First Named Inventor	Drivas, D.
Art Unit	
Examiner Name	
Attorney Docket Number	MP-01

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form 1449 Six (6) References Supplementary European Search Report Return-receipt postcard
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Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hoxie & Tso LLP		
Signature	<i>Thomas Hoxie</i>		
Printed name	Thomas Hoxie		
Date	December 19, 2005	Reg. No.	32,993

### CERTIFICATE OF TRANSMISSION/MAILING

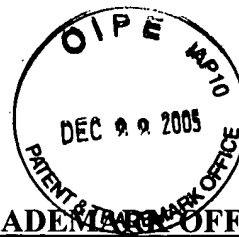
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Thomas Hoxie</i>		
Typed or printed name	Thomas Hoxie	Date	12/19/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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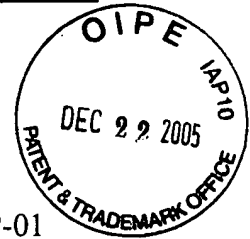
S/N 10/509,292



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Drivas, D.	)	Examiner:
Serial No.:	10/509,292	)	Group Art Unit:
Filed:	September 23, 2004	)	Attorney Docket: MP-01
Title:	Methods and Compositions for Treating and Preventing Eotaxin Mediated Inflammatory Conditions	)	



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**THIRD SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
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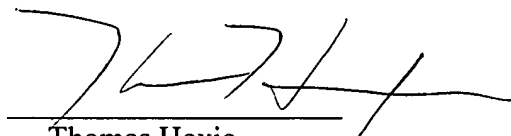
In accordance with 37 C.F.R. §1.97 *et. seq.*, Applicant provides the enclosed materials for the Examiner's consideration in connection with the above-identified patent application. The references cited herein were cited in the Search Report of a corresponding foreign application, and a copy of the Search Report is also included herein. Applicant respectfully requests that this Third Supplemental Information Disclosure Statement and the documents listed on the attached Form 1449 and enclosed herewith be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicant requests that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

It is believed that no fee is necessary. If a fee is required, please charge the same to Deposit Account No. 50-3464.

The Examiner is invited to contact the Applicant's representative at the below-listed telephone number if there are any questions.

Respectfully submitted,

Date: December 19, 2005

  
\_\_\_\_\_  
Thomas Hoxie  
Reg. No. 32,993

Thomas Hoxie  
HOXIE & TSO LLP  
374 Millburn Avenue  
Suite 300E  
Millburn, New Jersey 07041  
973-467-2126  
973-467-2128 (fax)

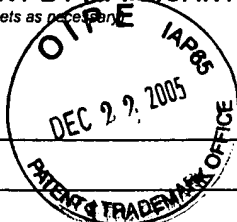
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\_\_\_\_\_  
Thomas Hoxie

  
\_\_\_\_\_  
Signature

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Substitute for form 1449A/PTO <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use as many sheets as necessary)	<b>Complete if Known</b>	
	<b>Application Number</b>	10/509,292
	<b>Filing Date</b>	September 23, 2004
	<b>First Named Inventor</b>	Dimitrios T. Drivas
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	
Sheet 1 of 1	<b>Attorney Docket No: MP-01</b>	



### US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

### FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>2</sup>
	WO 99/10534	03-04-1999	Center for Blood Research, Inc.		
	WO 95/07985	03-23-1995	National Heart & Lung Institute; Ludwig Institute for Cancer Research		

### OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		HERTZ, M., et al. <i>Active Vaccination Against IL-5 Bypasses Immunological Tolerance and Ameliorates Experimental Asthma</i> , <b>Journal of Immunology</b> , October 2001, pages 3792-3799, Vol. 167, No. 7.	
		GUTIERREZ-RAMOS, J.C., et al. <i>Eotaxin: From an Eosinophilic Chemokine to a Major Regulator of Allergic Reactions</i> , <b>Immunology Today</b> , November 1999, pages 500-504, Vol. 20, No. 11.	
		PONATH, P.D., et al. <i>Cloning of the Human Eosinophil Chemoattractant, Eotaxin Expression, Receptor Binding, and Functional Suggest a Mechanism for the Selective Recruitment of Eosinophils</i> , <b>Journal of Clinical Investigation</b> , February 1996, pages 604-612, Vol. 97, No. 3.	
		TANNENBAUM, C.S., et al. <i>The CXC Chemokines IP-10 and Mig are Necessary for IL-12-Mediated Regression of the Mouse RENCA Tumor</i> , <b>Journal of Immunology</b> , July 1998, pages 927-932, Vol. 161, No. 2.	

EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language Translation is attached